**Kaohsiung Medical University**

**Declaration for Submission of Authenticated Highest Degree Certificate**

I, the undersigned, guarantee that

1. I have completed the academic requirements of graduation for

□ Bachelor program □ Master program in my country.

2. I will submit the original certificate of my highest degree authenticated by the Taiwan overseas mission or embassy no later than the end of the first academic year of study terms.

3. I shall bear full responsibilities if any of the above information is found to be false. I also understand that a false declaration or late submission after the deadline would result in cancellation of my admission or deprivation of my enrollment at Kaohsiung Medical University.

Name (Given Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: □ Bachelor □ Master □ Ph. D

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-name Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_(Y)\_\_\_\_\_\_\_\_\_(M)\_\_\_\_\_\_\_\_\_(D)